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	Requestor's Name)	
(,	Address)	
(,	Address)	
7		
(1	City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
<del>-</del> (1	Business Entity Name)	
· <del>· · · · (</del>	Document Number)	
Copies	Certificates	of Status
t Instructions to F	iling Officer.	
		·

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 718732, 7260775			
AUTHORIZATION CARRELL ROLL			
COST LIMIT : \$ 25.00			
ORDER DATE : May 3, 2023			
ORDER TIME : 9:37 AM			
ORDER NO. : 718732-010			
CUSTOMER NO: 7260775			
CHANGE OF AGENT			
NAME: PENINSULA EXECUTIVE CENTER MANAGER, LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker EXT#			
EXAMINER:			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

O C. TALANIAN REALTY CO., INC.
14 19 11 30 1 11 120
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
37 NEWBURY ST. FLR 9
OSTON, MA 02116
7000097816
Document number
st. of State:
202
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e of Florida, it is hereby confirmed that after the ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
M. Talanian, Manager
Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been by, Asst. Vice President